



Operation Cruel Summer:

2026 Medical Response & Surge Exercise
High-Volume Mass Casualty Incident

Healthcare Coalition of Rhode Island (HCRI)

Tuesday, May 19, 2026 via Zoom



*Thank
you*



Exercise Facilitators

Module 1: First Responders, EMAs



Ratha Sen
Exercise Coordinator



Dawn Lewis
HCRI Co-Chair



Dave Balbi
Training & Exercise Director



Rupsha Biswas
HCRI Co-Chair

Module 2: Hospitals

Administrative

- Sign in/Attendance myhcri.org/MRSE2026
Email to: Hariepcoor@gmail.com David.Balbi@health.ri.gov



- Zoom/Exercise Etiquette



PLEASE MUTE

- Participant Feedback



Exercise Scope

- Part 1: Virtual Tabletop Exercise (VTTX)
Module 1: First Responders/EMAs
Module 2: Hospitals
- Part 2: Functional Exercise (MRSE data) – NOT clinically focused

Exercise Schedule

8:30AM-10:00AM: Module 1 (First Responders, EMAs)

Break

10:30AM: Module 2 (Hospitals)

Lunch Break / Hospital Data Collection

1:30PM: Submission of MRSE Data Due

3:00PM: Brief hotwash



Opening Remarks



Alysia Mihalakos, MPH

Chief,

Center for Emergency Preparedness & Response

Rhode Island Department of Health

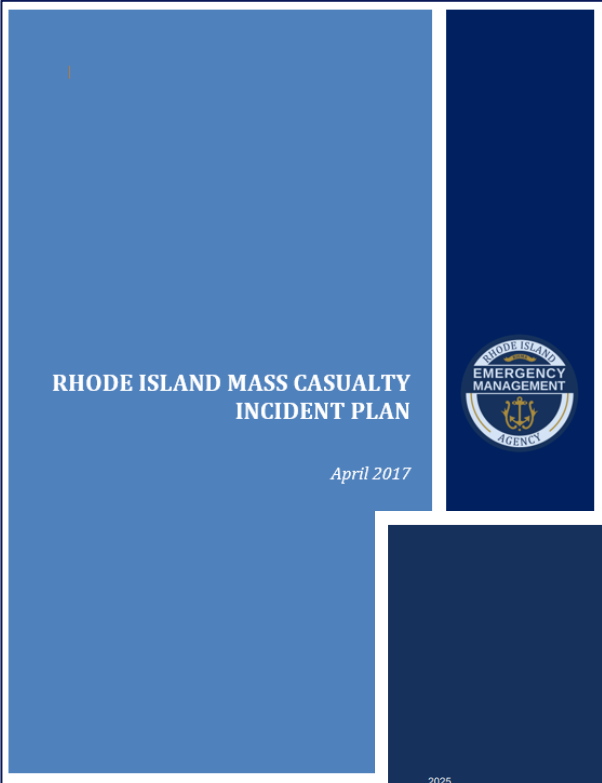
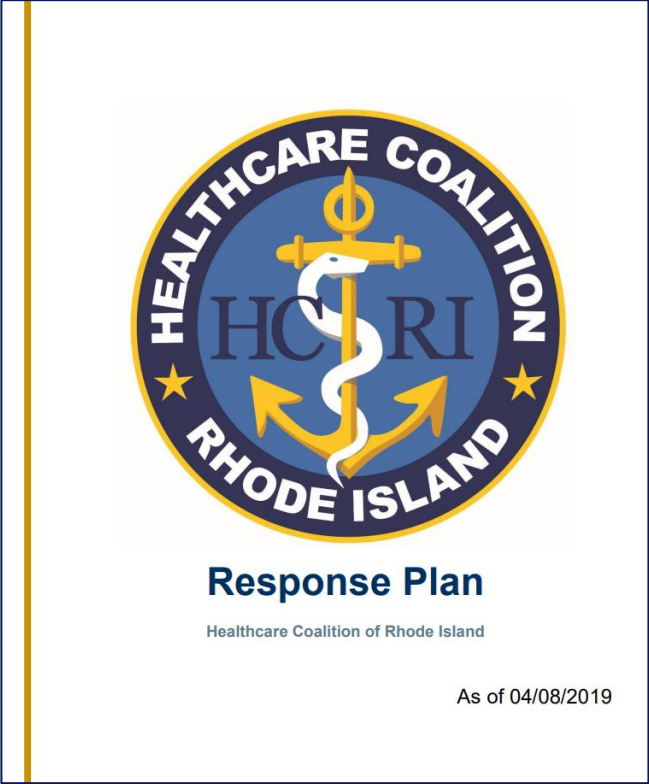
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1. Effectively notify Health Care Coalition (HCC) health care partners
2. Assess and meet critical resource needs
3. Reduce patient morbidity and mortality through appropriate patient placement
4. Engage health care partners and their executives
5. Coordinate with multi-disciplinary partners at local, state, and regional levels
6. Gather and analyze patient surge data

Exercise Objectives

1. HCRI will effectively notify healthcare partners of an incident and facilitating ongoing information sharing during a community-wide emergency or disaster
2. HCRI will demonstrate their ability to assess and meet critical resource needs (personnel, supplies, equipment, etc.) to manage patient surge during a community-wide emergency or disaster by the end of the MRSE
3. HCRI will demonstrate their ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources by the end of the MRSE
4. HCRI will engage health care partners and their executives to participate in the exercise and the After-Action Review.
5. HCRI will coordinate with multi-disciplinary partners at local, state, and regional levels to support the Rhode Island healthcare system's readiness for large-scale public events, **including FIFA World Cup 2026, Newport Folk and Jazz Festivals, Pride, etc.,** by demonstrating effective communication and coordination.
6. HCRI will test its ability to gather and analyze patient surge data **through utilization of the newly implemented component of ImageTrend Resource Bridge (patient tracking).**

Plans



Exercise Assumptions

- The exercise is conducted in a no-fault learning environment.
- This exercise scenario is plausible, and events occur as they are presented.
- Do not assume response actions of other agencies not present.
- Healthcare system surge is the primary focus of this exercise.



Exercise Artificialities

- To expedite the pace of the exercise, timelines for events may be faster than in real life.
- Other response functions outside HCRI's scope are occurring simultaneously.



Participant Advisory

The scenario presented during this exercise may be disturbing to some participants.



Sound effects will be used during this exercise.





STARTEX



ARE YOU READY?

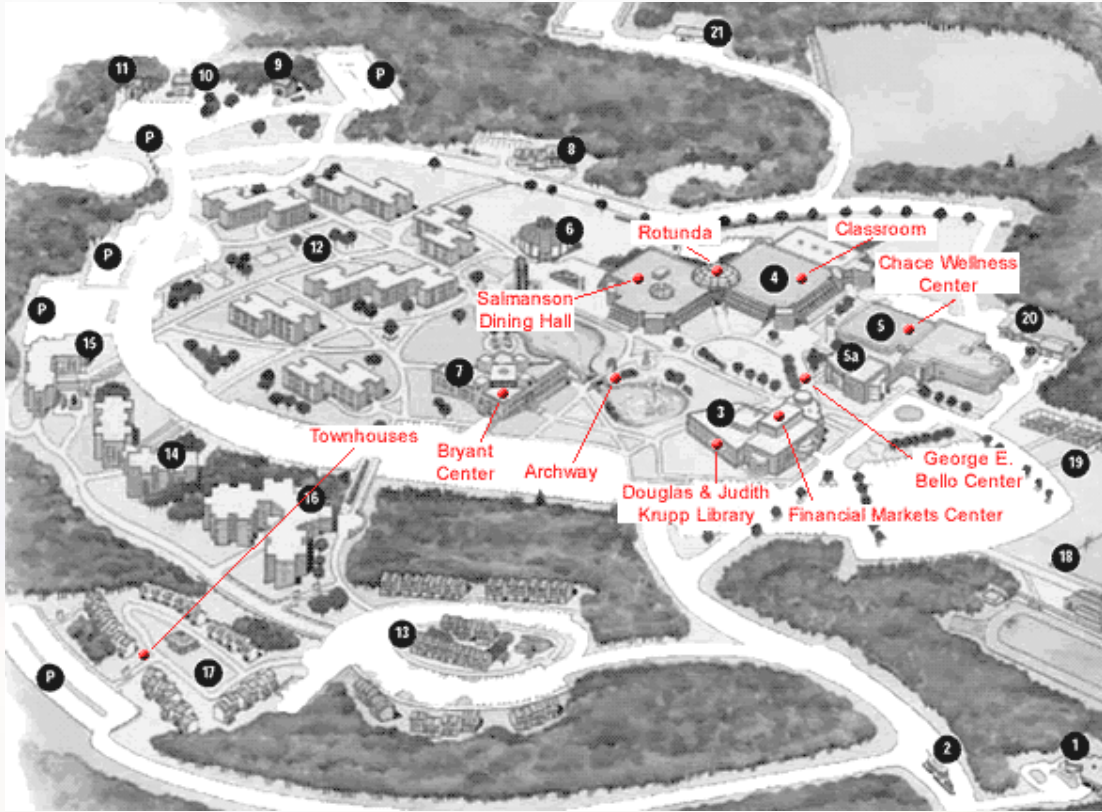


Module 1: First Responders and Emergency Management

Initial Incident/First Responders



Bryant University



Ghanaian National Football Team



Team arrives/first practice (closed)



Press Release – Community Day



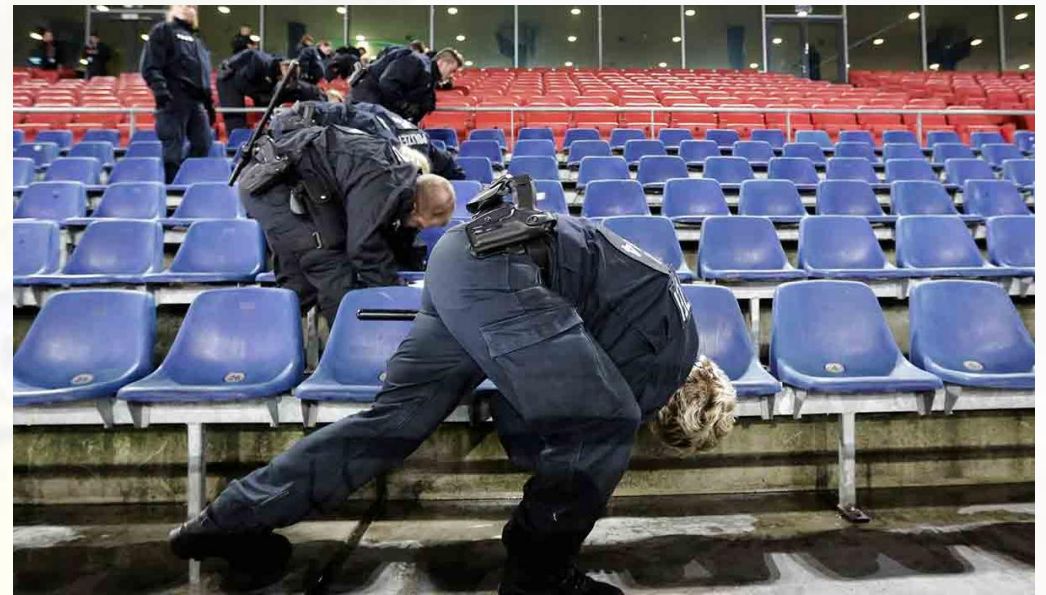


Question

Bryant Univ./Town of Smithfield:

What pre-event planning have/will you be conducting specifically for open practices/community event days?

Security protection





Question

Bryant Univ./Town of Smithfield:

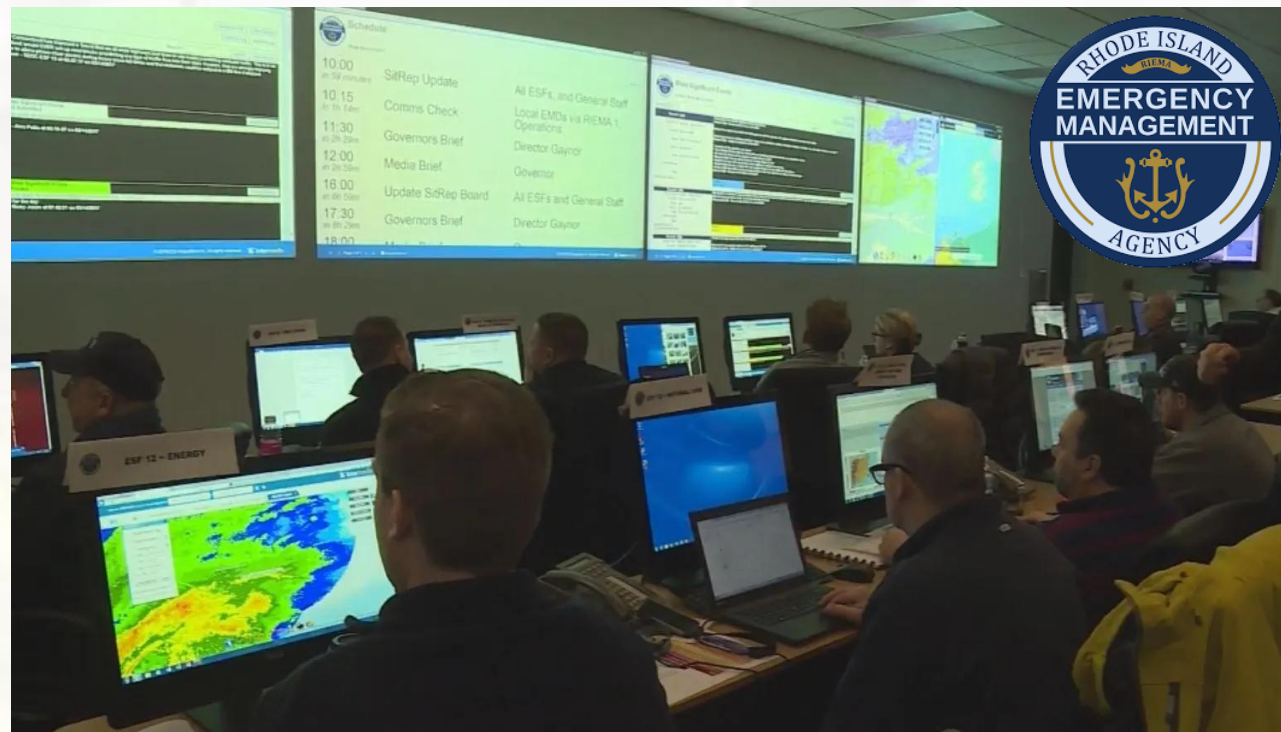
What additional resources will be pre-deployed to Bryant/Beirne Stadium for an open practice/community event day?

A scenic view of the Rhode Island city skyline, featuring several tall buildings and a river in the foreground. The sky is blue with light clouds. A large white circle is overlaid on the left side of the image, containing text.

Beautiful Day in Rhode Island!

- **Sunday, June 14, 2026**
- **Sunny day, high of 82°F**

Emergency operations centers



Safety and security measures



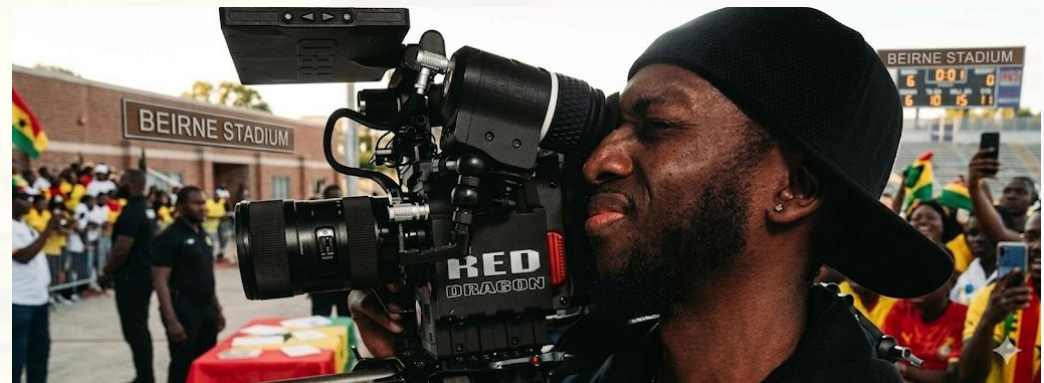
Fans begin arriving



Team Ghana practice session



Ghanaian Team enters Beirne Stadium



Team Ghana Community Day Event



Suddenly...



Drones crash into the crowd



Questions

First Responders (pre-staged at Bryant for event):

Given the scenario, what initial actions are you taking at scene?



Questions

On-scene first responders:

Who is the incident commander?

What is the incident command structure for a scenario like this?





Questions

On-scene first responders:

What are your primary objectives?

What are the challenges you anticipate in this response?

Questions

On-scene first responders:

Who are you informing about the incident (off-scene)?



Initial on-scene response





Questions

On-scene first responders:

Under the condition that you are unsure if the airspace is safe, how do you proceed to operate while maintaining the highest level of safety for your staff?

Questions

On-scene first responders:

Are you going to activate a
Transport officer?



Questions

On-scene EMS:

Would there be a casualty collection point?

How will you manage patient prioritization and what triage process will you implement on scene?



Questions

On-scene Fire/EMS:

Would a hospital ED bed availability count be requested?

If so, who would request it and how?

How will this information be utilized/shared on-scene?





Questions

On-scene first responders:

At what point will you request additional help and what steps will you take to request and manage additional EMS resources?

Are you requesting any special teams/resources?

Mass Casualty Incident (MCI) declared

ROLL CALL



MCI



Questions

On-scene first responders:

Would you set up a staging area
for EMS rescues?



EOC Questions

On-scene first responders:

Are you concerned about sufficient ingress/egress routes for emergency response vehicles?





Questions

On-scene first responders:

Will rescues have enough supplies?

If transporting to MA hospitals, what's the strategy for restocking EMS supplies?

Questions

On-scene first responders:

Is there a general strategy for
distributing patients to hospitals?





Questions

On-scene first responders:

How will you determine transport priorities given limited resources for numerous patients (>100)?



Questions

On-scene first responders:

Who is managing crowd control to prevent further injuries in this incident?

Fatalities

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№ 615142 № 615142

EVACU-AID™ TRIAGE TAG **CONTAMINATION:** NO YES
Circle type below

Res: _____
Part: № 615142 № 615142
Man: _____
Mark: _____
Time: _____

EVACU-AID™ TRIAGE TAG **CONTAMINATION:** NO YES
Circle type below

Respirations: Yes No
Perfusion: +2 SEC -2 SEC
Mental Status: Can do Can't do
Mark: ORIENTED DISORIENTED UNCONSCIOUS

Time: _____ Pulse: _____ B/P: _____ Respiration: _____

Time	Drug Solution	Dosage

Major Injuries: _____

Notes: _____

Allerg: _____
Presc: _____

Name: _____
Address: _____
City: _____
Male: _____

Personal Information
Name: _____
Address: _____
City: _____
Age: _____

DECEASED
IMMEDIATE
DELAYED
MINOR

№ 615142

DECEASED
IMMEDIATE
DELAYED
MINOR

№ 615142



EOC Questions

On-scene first responders:

What are you doing about any fatalities at the scene?





EOC Questions

On-scene first responders:

How will you communicate from scene
to EOC and to other agencies?



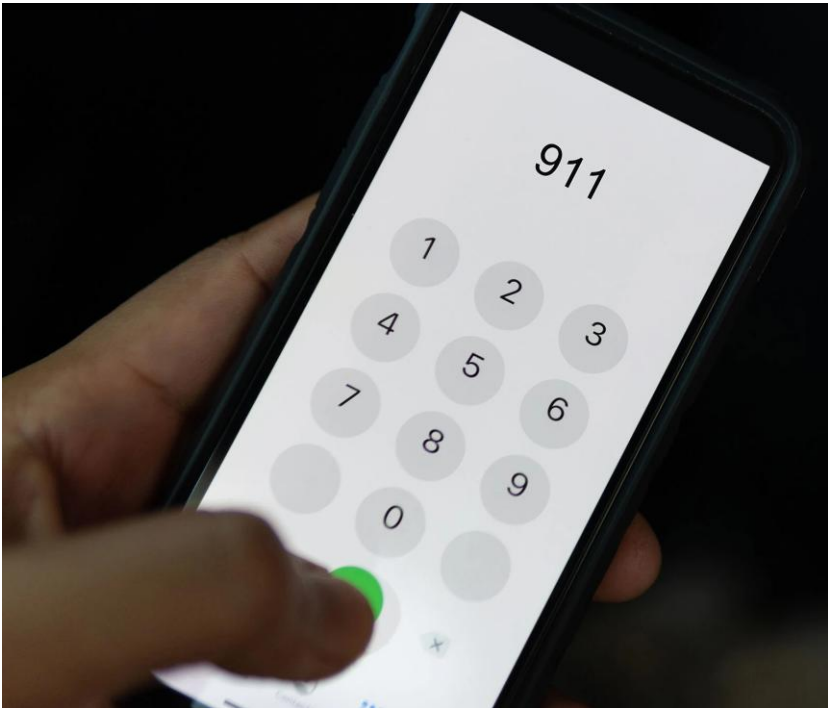
Victim List

Hospital Selection (Dropdown)	Triage Status (Dropdown)	Transportation Resource (Free Text)	Name	Date of Birth	Ag	Gender	Chief Complaint	Primary Impression
			Lee, Timothy	3/29/1999	27	M	global body pain (no visible injuries)	pain unspecified
			Tawiah, Botwe	11/12/1989	37	M	controlled bleeding of leg	injury to leg
			Opoku, Gyasi	3/18/2009	17	M	trampled	injury to back
			Wilson, Paula	12/17/1994	32	F	abdominal pain (pregnant-32 weeks); concerned about health of fetus	pain unspecified
			King, Justin	7/26/1987	39	M	traumatic amputation of hand	injury to hand
			Foster, Katelyn	6/26/1987	39	F	compression asphyxia	LOC
			Kelly, Paula	7/27/2008	18	F	exhaustion/heat stroke	other illness
			Brown, Noah	10/10/1994	32	M	lacerations to head	injury to head
			Norton, Stephanie	1/24/1985	41	F	penetrating shrapnel (head)	injury to head
			Rivera, Sara	12/19/1984	42	F	penetrating shrapnel (left foot)	injury to foot
			Beck, Jeff	4/25/2000	26	M	probable head injury; altered mental status, abnormality of gait (difficulty walking)	injury to head
			Moran, Allison	7/30/1990	36	F	exhaustion/heat stroke	other illness
			Carpenter, Misty	12/29/2020	6	F	trampled (global injury)	soft tissue injuries
			Mays, Deanna	5/25/1997	29	F	fall (less than 20 feet), several teeth knocked out, significant bleeding from oral cavity	injury to face
			McKenzie, Sean	11/29/2021	5	M	laceration to right thigh	injury to leg
			Cox, Michael	9/29/1997	29	M	severe headache, cannot recall if head injury occurred	injury to head
			Gonzalez, Jennifer	9/13/1985	41	F	fall (less than 20 feet), compound fracture of ankle	injury to ankle
			Norris, Cody	6/15/1985	41	M	fall (less than 20 feet)	injury to leg
			Rios, Timothy	12/8/1998	28	M	asthma attack	respiratory
			Stanton, Olivia	7/29/1989	37	F	minor superficial injuries (cuts, abrasions)	injury to arms
			Ford, Andrea	3/26/2024	2	F	Fall (less than 20 feet), probable elbow fracture	injury to arm
			Watts, Daniela	3/8/2007	19	F	severe trauma to upper thigh, uncontrolled bleeding	injury to leg
			Skinner, Bradley	10/27/1988	38	M	crowd crush/positional asphyxia	LOC; weak vital signs
			Snyder, Regina	10/3/1988	38	F	multiple lacerations to back	injury to back
			Stewart, Christopher	2/22/1986	40	M	trampled with altered consciousness	Injury to head
			Brent, Quinn	2/3/1986	40	F	severe injury to thorax; flail chest	injury to chest
			Smith, Donald	4/13/2022	4	M	Fall (less than 20 feet), "sore all over"	soft tissue injuries
			Gallegos, David	1/6/2007	19	M	crowd crush	positional asphyxia
			Miller, Daniel	12/27/1992	34	M	multiple lacerations to arms	injury to arms



Module 1: Emergency Management

Emergency Operations Centers



EOC Questions

Smithfield EMA/EOC:

What coordination roles/activities would you be conducting during this incident?





EOC Questions

Smithfield EMA/EOC:

How is communication from scene to EOC being captured/passed along?

What other agencies are you engaging with at this point?

EOC Questions

Smithfield EMA/EOC:

What information or resource requests are you making?



EOC Questions

RI Department of Health:

What are your priorities?

What activities are you conducting at this time?





EOC Questions

RI Department of Health:

What challenges do you anticipate with patient tracking and family reunification during this incident? What strategies will you implement to address them?

EOC Questions

RI Department of Health:

How will you coordinate with MA partners, including DPH/OPEM?





EOC Questions

Smithfield EMA/EOC:

How will you maintain situational awareness across agencies?

What systems are being used to maintain situational awareness, and how is the information being shared?

EOC Questions

RIEMA:

Based on the information you know/requests that have been made at this point, what actions would RIEMA be taking?



EOC Questions

RIEMA:

What challenges do you see in multiagency coordination at this stage of the incident?



EOC Questions

RIEMA:

Would the MCI vans be available in this situation?

How many are there? What is in them? How long would it take for them to be on-scene?



EOC Questions

SEMA/RIEMA:

What does public
information/messaging look like
and who is coordinating it?



Scene secured/injured transported



End of Module 1



Participant Feedback Survey

<https://forms.cloud.microsoft/g/LxyLLafLVY>

MRSE 2026 Participant Exercise
Feedback Survey



Where we go from here



- Exercise responses and participant feedback will be used to draft an After-Action Report
 - Corrective actions can be determined and pursued



Exercise Design Team:

David A. Balbi, MS, CEM®, MEP

John Potvin, MPA, BS, NRP, CEMSO

Rupsha Biswas, MPH

Jake Reichelt

Dawn Lewis, RN, MBA, PhD

Ratha Sen, MHA

Alysia Mihalakos, MPH

Philip Sheridan, MHA, MA, MANSSS







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Email to: Hariepcoor@gmail.com David.Balbi@health.ri.gov



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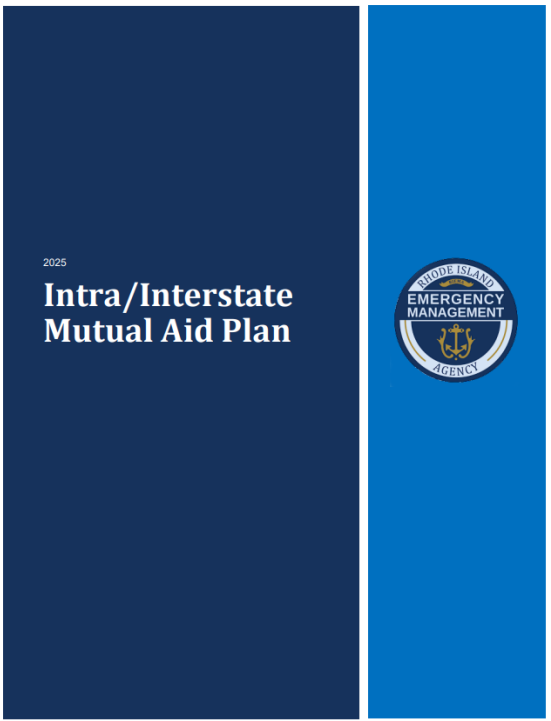
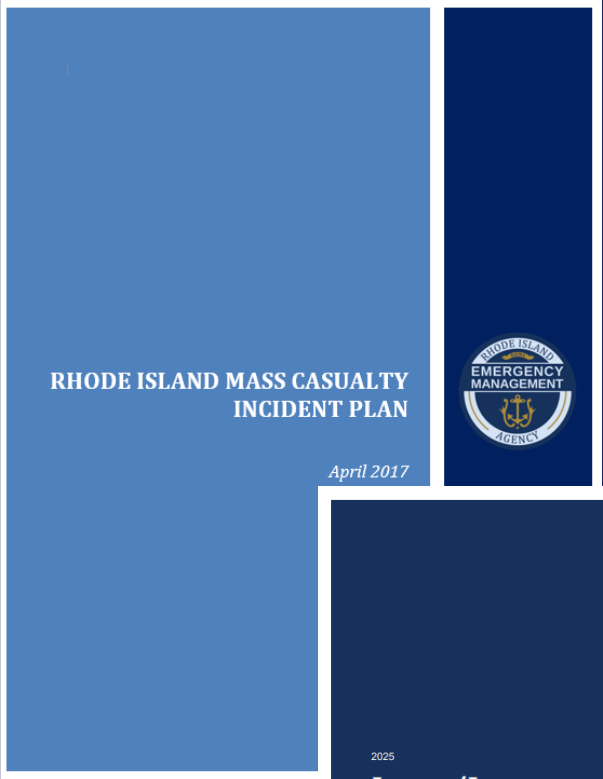
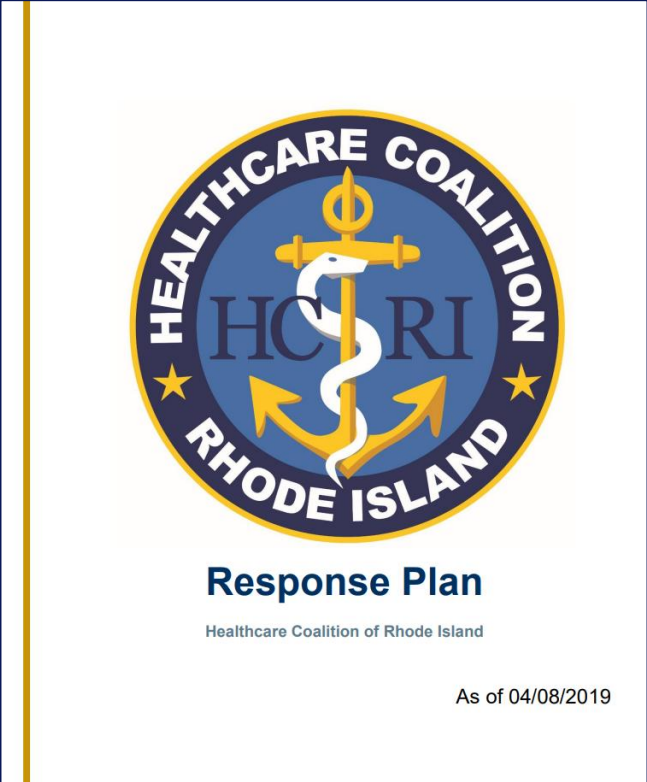
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Plans



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Sound effects will be used during this exercise.



Start of Module 2



**ARE YOU
READY?**



Module 2: Hospitals

Initial Incident/Response



**Current
Rhode Island
healthcare
system reality**

- Seasonally busy, normal operations

Situational Awareness/Healthcare Coordination



Healthcare Coordination Medical Care Branch Bulletin FIFA World Cup 2026

Saturday 6/13/2026 11:00 a.m. | Edition 14.E | Start of World Cup +2 days

Emergency Response Updates

There are no active emergencies in Rhode Island.

Updates

- 1. **Ghanaian National Football Team – Open practice/Community Day announcement**
 - a. On Friday, June 12, the Public Affairs Liaison for the Ghanaian National Football Team issued a press release that included an invitation to the general public – especially Ghanaians in the United States – to attend an open practice session and Community Day event at Bryant University Beirne Stadium on Sunday, June 14 at 11:00 a.m. to show their support for the Team.
 - i. HCRI encourages hospitals to be vigilant for the increased potential of medical surge incidents that could result from this activity.
 - ii. HCRI encourages hospitals to consider adjusting staffing levels for this event.



A scenic view of the Providence, Rhode Island skyline, featuring several prominent skyscrapers and a river in the foreground. The sky is blue with light clouds. A large white circular graphic is overlaid on the left side of the image, containing text.

Beautiful Day in Rhode Island!

- **Sunday, June 14, 2026**
- **Sunny day, high of 82°F**

HCRI Roll Call and ED Bed Count

ImageTrend Resource Bridge™

RIDOH/HCRI - Availability Status Alert Manager Patient Tracking Hospital Hub Reports Document Hub Hospital Hub 2025 More - David

View | All Hospital View - Settings Records: 16

Diversion Updated	Name	EOC Status	Diversion	Diversion Reason	Diversion Comments	NEDOCs Score	NEDOCs Updated	MCI Green	MCI Yellow	MCI Red
03/11/2026 06:27	Fatima Hospital (Host Hospital)	Active	<u>Accepting</u>			200	03/11/2026 06:28	6	4	2
03/11/2026 06:58	Hasbro Children's Hospital	Inactive	<u>Accepting</u>			60	03/11/2026 06:39	10	9	2
03/11/2026 06:54	Kent Hospital	Active	<u>Accepting</u>			123	03/11/2026 06:55	25	1	1
03/10/2026 20:11	Landmark Medical Center	Active	<u>Accepting</u>			89	03/11/2026 07:53	3	2	1
03/10/2026 19:16	Miriam Hospital	Active	<u>Accepting</u>			200	03/10/2026 07:35	10	4	2
03/11/2026 06:44	Newport Hospital	Active	<u>Accepting</u>			57	03/11/2026 06:44	3	1	1
03/11/2026 07:04	Providence VA Medical Center	Inactive	<u>Partial Diversion</u>	Cath Lab Offline/Unavailable	No cath lab. Not a stroke/ STEMI/ trauma center. Divert all trauma/ stroke s/s / chest pain. All EMS units call 401-457-3050 with report prior to arrival.	132	03/11/2026 14:43	6	3	0
03/11/2026 07:17	Rhode Island Hospital	Inactive	<u>Accepting</u>			143	03/11/2026 07:18	16	19	6



MCI Declared!

“Northern/Metro Control to Host Hospital over HOSPITALS:

Mass casualty incident declared at Bryant University in Smithfield; responders on scene working casualty numbers for hospitals; please initiate an ED Roll Call/Bed count.”



Questions

Host Hospital:

What actions are you taking
based on this information?



Questions

HCRI:

What actions are you taking
based on this information?



Host Hospital Image Trend/Resource Bridge

Home +
Rhode Island Hospital

Widget Preferences

Send Alert

- MCI RollCall
- Change in EMS Traffic Pattern
- HCRI Training Alert

[Edit Quick Alerts](#)

Alerts

There are no current alerts.

Alerts in the past 24 hours

Short Description	Alert Time	Active	Ack.
Daily evening rollcall for ED Status, NEDOCS Score, and MCI Patient Capacity. Complete by 8:15 pm	20:16:15	✘	✔
Rollcall for ED Status, NEDOCS Score, and MCI beds. ED Staff. Complete MCI beds then open Agency Page to complete Current Status and NEDOCS	8:51:38	✘	✔

Status Overview

Location	Open	Caution	Closed
Regional	0	0	0
Statewide	17	1	0

Emergency Operations Center Status

EOC Active: Yes No

Accepting
As of 07:38 AM on 05/08 for 23:46

[View Status Report](#)

[Update Status](#)

NEDOCS Score

NEDOCS Score: 124 (Overcrowded)
as of 05/07/26 on 08:06

[Update Score](#)

MCI Patient Capacity

6 (Red) 15 (Yellow) 0 (Green)

[Update MCI](#) [Reset](#)

Current Specialty Availability

There are no Specialties for this Agency.

Bed Information

Bed Type	Operating	Census	Available
Report - Emergency Department			
*Boorders - ED BH ADULT (>4hr hold) Last Updated: 05/06/26 07:53 AM	0	5	0
*Boorders - ED BH PEDI (>4hr hold) Last Updated: 05/06/26 07:53 AM	0	0	0
*Boorders - ED Medical (>4hr hold) Last Updated: 05/06/26 07:53 AM	0	28	0
ED Main (EDMain) Last Updated: 05/06/26 07:53 AM	103	74	99
ED Overflow (EDOver) Last Updated: 05/06/26 07:53 AM	9	0	9

Report - Inpatient Daily Roll Call

Category	Operating	Census	Available
*Medical Inpt Holding BH (ADULT) Last Updated: 05/06/26 07:53 AM	0	0	0
Behavioral Health (Adult) Last Updated: 05/06/26 07:53 AM	56	56	2
ICU (Adult) Last Updated: 05/06/26 07:53 AM	68	55	15
Medical/Surgical (MS) Last Updated: 05/06/26 07:53 AM	402	395	40
Stepdown (SDU) Last Updated: 05/06/26 07:53 AM	68	50	30

Report - On-Demand Roll Call

Category	Operating	Census	Available
Burn Care (Burn) Last Updated: 05/06/26 07:53 AM	11	11	1
Negative Pressure (NP) Last Updated: 05/06/26 07:53 AM	28	28	2
Operating Rooms (OR) Last Updated: 05/06/26 07:53 AM	28	28	4
Pre-op and post-op beds and procedural beds Last Updated: 05/06/26 07:53 AM	55	55	55



Other Hospitals' Image Trend/Resource Bridge Dashboards

+ A potential or actual MCI is unfolding. It is being checked for credibility. Hospitals update MCI bed availability numbers

Host Hospital or hospital initiating this MCI. READ THESE INSTRUCTIONS THROUGH BEFORE TAKING ANY ACTION Delete everything in this box and type in the MCI-related information: - What type of incident - Location - If known, ...

Updated: Most Recent Update Information

Issued:

Updated:

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Questions

Hospitals:

What notifications are you
making inside your organization?



Questions

Hospitals:

Are you making any external notifications? To whom and why?



Self-presenters and Non-EMS Transports



Questions

Hospitals:

How are self-presenters from the incident associated to the MCI?

Why is this important?



Patients Arrive at Your ED (EMS Transports)



Victim Lists

Hospital Disposition (Dropdown)	If "admit", enter location:	Triage Status	Patient Name (Last, First)	Date of Birth	Age	Gender	Chief Complaint	Primary Imp
Select...		Yellow - Moderate	King, Justin	7/26/1987	39	M	traumatic amputation of hand	injury to h
Select...		Yellow - Moderate	Norton, Stephanie	1/24/1985	41	F	penetrating shrapnel (head)	injury to h
Select...		Red - Critical	Beck, Jeff	4/25/2000	26	M	probable head injury; altered mental status, abnormality of gait (difficulty walking)	injury to h
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Select...		Red - Critical	Paul, Zachary	2/8/2000	26	M	head injury, controlled bleeding, skull fracture with exposed brain tissue	injury to h
Select...		Red - Critical	Douglas, Ruben	1/25/2001	25	M	laceration, bleeding uncontrolled (groin/femoral artery)	injury to l
Select...		Green - Minor	Palmer, Richard	8/24/1996	30	M	fracture of collar bone, severe pain	injury to ch
Select...		Yellow - Moderate	Russell, Judy	8/1/1995	31	F	internal injuries, likely fracture of ribs	injury to th
Select...		Red - Critical	Anderson, Charlie	12/15/1992	34	M	fall (greater than 20 feet), LOC, multiple traumatic injuries to extremities, head	injury to globa
Select...		Yellow - Moderate	Bell, Nicholas	12/3/1987	39	M	chemical burn from lithium-ion battery acid exposure to arms/hands	chemica
Select...		Green - Minor	Gordon, Donald	1/26/2006	20	M	blunt force trauma (struck by flying debris)	injury to right s
Select...		Green - Minor	Briggs, Wanda	12/26/2005	21	F	coughing/wheezing	respirato
Select...		Red - Critical	Myers, Mike	7/30/2001	25	M	fell and became unresponsive en route	intracranial
Select...		Green - Minor	Lawrence, Todd	2/10/1994	32	M	penetrating shrapnel (left upper arm)	injury to a
Select...		Red - Critical	Carter, Susan	2/22/1986	40	F	head/neck injury	injury to h
Select...		Green - Minor	Mahama, Ababio	4/21/1985	41	M	object impalement in right forearm	injury to a
Select...		Green - Minor	Ramsey, Mariah	1/23/1984	42	F	unsure if injured, "wants to get checked out"	unknown ir
Select...		Yellow - Moderate	Lopez, Katie	9/17/1983	43	F	severe bruising to abdomen, LOC	injury to ch
Select...		Green - Minor	Ward, Kelsey	10/21/1983	43	F	panic nausea, vomiting	stress-induce
Select...		Red - Critical	Wright, Karen	4/1/1981	45	F	mechanical parts lodged in chest wall near heart	injury to ch
Select...		Yellow - Moderate	Murphy, Susan	6/11/1980	46	F	traumatic amputation of finger, severe soft tissue trauma to hand	injury to h
Select...		Yellow - Moderate	Daniel, Jesus	5/29/1979	47	M	head injury from falling object	injury to h
Select...		Red - Critical	Harrington, Brittney	11/26/1979	47	F	unresponsive/LOC	unknown ir
Select...		Red - Critical	Mitchell, Linda	2/27/1979	47	F	head trauma, altered mental status (confusion, lethargy)	injury to h
Select...		Red - Critical	Gibbs, Vera	8/23/1977	49	F	unresponsive/LOC	LOC: weak vit



EDs Overwhelmed!



Questions

Hospitals:

Given your current census and staffing, what measures are you taking to expand surge capacity?



Questions

Hospitals:

What information would you be looking for at this point (from scene or elsewhere)?

How would you try to ascertain it?



Information Exchange from Scene to Hospitals



On-scene triage – preliminary information

Casualties Triaged

20 **RED**

25 **YELLOW**

50 **GREEN**

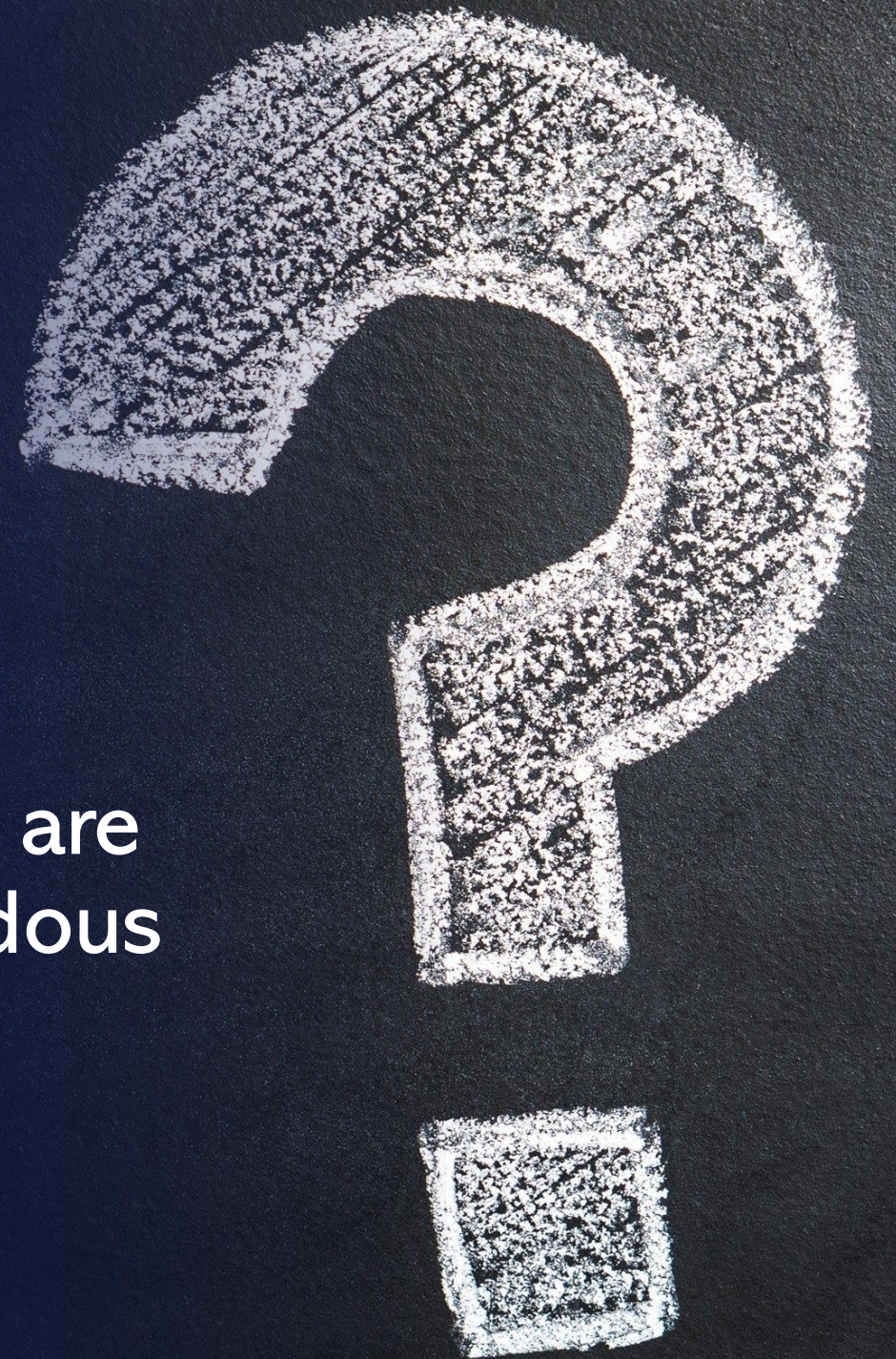
5 **BLACK** (deceased)



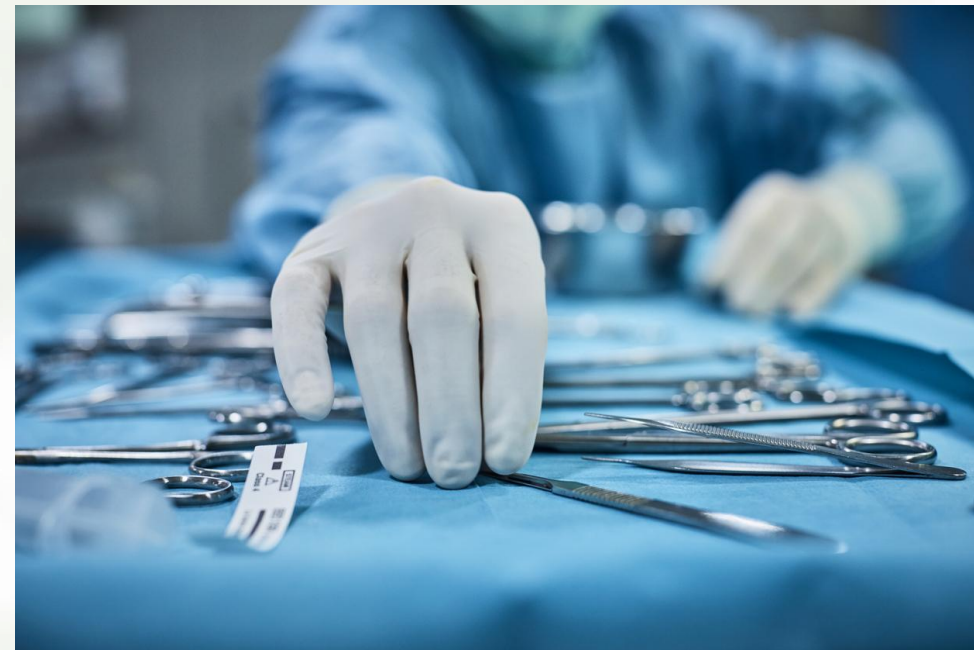
Questions

Hospitals:

With this additional information, are there any concerns about hazardous materials / decontamination?



Insufficient Resources!



Questions

Hospitals:

How are you requesting/obtaining equipment, supplies, or staff that are necessary to manage the surge?





Questions

Hospitals:

What are the clinical criteria that will be used to balance the care for incident-related patients and current patients?



Questions

Hospitals:

What other kinds of “surge” (demand for attention) might we expect from this incident?

[Who else is coming besides injured?]

Pediatric Patients



Questions

Hospitals:

How are you managing a surge of pediatric patients?

How will unaccompanied minors (injured or not) be managed?



Communication Barriers





Questions

Hospitals:

How will translation services be addressed for individuals who speak other languages?

Translation Service Delays/Inaccessibility



Questions

Hospitals:

If communication proves challenging,
how are patients managed?





Clinical Advisors

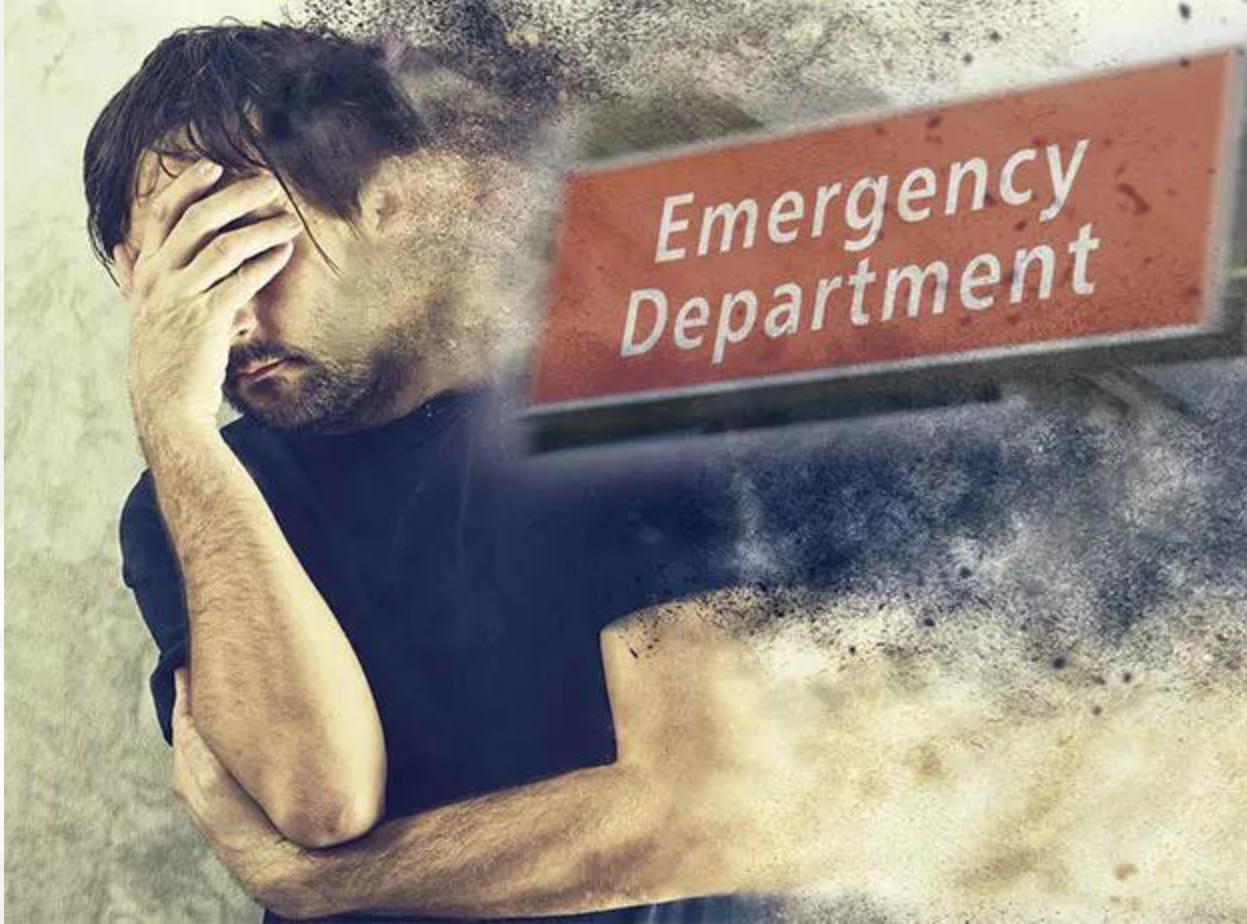
Clinical Advisor Questions

- Based on what we know of the incident, what times of injuries do you anticipate?
- What can you advise as patient care strategies for these types of patients/injuries? What resources will be in greatest demand?
- What other sources of clinical expertise can be accessed regarding these types of injuries?



Clinical Advisors

Behavioral Health





Questions

Bradley, Butler, ESH, RISPH:

If any MCI patients self-presented to your facilities, what basic trauma care could you provide?



Questions

Hospitals:

Would transferring behavioral health patients allow for additional beds/resources to become available for acute care patients?

Questions

Bradley, Butler, ESH, RISPH:

Could your facilities surge to accept behavioral health patients (transfers) from acute care hospitals?

If so, how? How quickly?



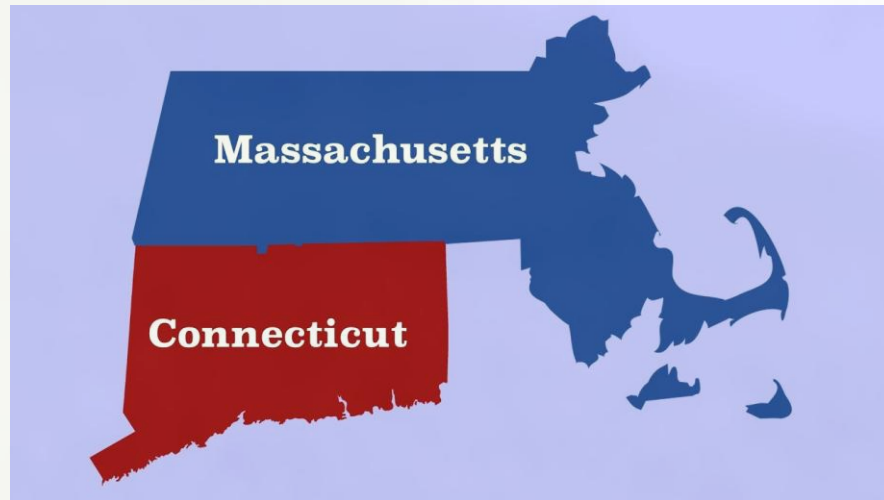
Questions

Bradley, Butler, ESH, RISPH:

Could you provide any personnel/resource support to administer behavioral healthcare to patients at acute care facilities?



Regional/Federal Partner Notifications



ASPR
ADMINISTRATION FOR STRATEGIC
PREPAREDNESS AND RESPONSE



Questions

HCRI/RIDOH:

What engagement is occurring with
Regional / Federal partners?



Long-Term
Recovery





Questions

Hospitals:

What recovery/long-term considerations do we need to plan for because of this incident?

(especially if there are many patients from other parts of the US/international)

End of Module 2



MRSE Data Submission

- ED Bed Availability – Resource Bridge



- Hospital-specific Patient List – myhcri.org/MRSE2026
(submit to hariepcoor@gmail.com)

- Resources/Staffing – Complete Form on myhcri.org/MRSE2026

QUESTIONS?

Call Dawn at
(401) 640-2320



Participant Feedback Survey

[Myhcri.org/MRSE2026:](https://myhcri.org/MRSE2026)

<https://forms.cloud.microsoft/g/LxyLLafLVY>



Next Steps



- Exercise responses and participant feedback will be used to draft an After-Action Report
 - Corrective actions can be determined and pursued



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Exercise Hotwash



Organizational Strengths/Improvements/Needs

1. Please give us one strength and/or one area for improvement you identified about your organization/discipline's play in the MRSE 2026.
2. What do you need in your organization to be better prepared for emergencies/disasters? (e.g., equipment, resources, situational awareness, trainings)

Participant Feedback Survey

[Myhcri.org/MRSE2026:](https://myhcri.org/MRSE2026)

<https://forms.cloud.microsoft/g/LxyLLafLVY>





FIFA WORLD CUP
UNITED STATES - CANADA - MEXICO

*Thank
you*

